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Hove & Portslade Health Sub-Committee

REPORT

on the

Health Services of the Area

DURING THE YEAR

1959

by

N. E. CHADWICK, M.A., M.D., D.P.H.

Divisional Medical Officer,

TOWN HALL ANNEXE, HOVE.

Tel. Hove 31011.

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HOVE AND PORTSLADE HEALTH SUB-COMMITTEE.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

In my Report for 1958 I summarised some of the many changes, improvements and expansions of the various services which had taken place since the inception of the National Health Act ten years previously and I briefly mentioned some of the additions I considered necessary before the facilities in this combined area could be considered to be complete. At that time I thought that it was unlikely that many of these would come to fruition in the foreseeable future, but happily my forecast was unduly pessimistic. Discussions have taken place on several occasions with officers of the Ministry of Health regarding the new clinic to serve the Mile Oak area and the plans with one or two minor alterations have now been approved. The Ministry were not willing to give loan sanction before the 1960-61 financial year but we expect the actual building operations to commence in September 1960 and the Clinic to be open for occupation probably in the following Spring or Summer. At the same time on reviewing the Building Programme for 1960-61 and 1961-62 the Sub-Committee were impressed with the need for a clinic to replace Sellaby House Portslade and to cater for the needs of the central and southern portion of that area and they recommended that the proposed site on the Old Shoreham Road, be purchased with a view to the erection of a clinic in the years 1961-62.

If this recommendation is accepted and this programme implemented Portslade will be equipped with two modern clinics catering for all services including the School Health by 1963. So far as Hove is concerned the pressing need is for a new clinic to replace the Infant Welfare Centre at Clarendon Villas and the School Clinic in Shirley Street to serve the central part of the town and to provide complete facilities for the area west of Sackville Road to the eastern boundary. A request has, therefore, been made to the Hove Town Council for the allocation of a site for such a clinic when they are considering their re-development plan for this area. Admittedly this is a long-term project and it will increase the distance for the mothers attending the Presbyterian Hall in Holland Road but sites are very difficult to find in this older part of the town.

One of the difficulties inherent in the tripartite structure of the National Health Act is not so much lack of liaison between the three sections—they all consult one another at least at officer level whenever it seems desirable or necessary—but of each of the constituents keeping the others informed of alterations in plans or re-organisations of their own particular spheres of responsibility. An instance of this was the S.E. Regional Hospital Board's scheme for the re-organisation of the hospital services in the Brighton area which remained secret until it was revealed in the press which induced the Board to circularise and invite comments from interested bodies. Briefly the plan envisaged the closure of the Sussex Maternity and the Ear, Nose and Throat Hospitals and the concentration of maternity cases in the Brighton General Hospital with a consequent reduction in the number of beds at that hospital, certain alterations at the Sussex County Hospital and the Brighton General Hospital involving the out-patient and casualty departments and the elimination of all children's wards except at the Children's Hospital. My general criticism of this plan submitted in a report to the Sub-Committee in February 1958 was that it postponed for an indefinite period any hope of a new hospital centre for Brighton with modern buildings and convenient facilities for the investigation and treatment of all types of illness and proposed as an alternative the bolstering up of hospitals over a hundred years old which in the end could never be economic or efficient.

Perhaps the best way of overcoming this difficulty would be the suggestion contained in a recent Ministry of Health Circular that Medical Officers of Health who are responsible for Part III Services either directly or by virtue of delegated functions should be admitted as observers at the meetings of Executive or Hospital Management Committees.

Maternity Services.

In last year's report I referred briefly to the report of the Maternity Services Committee popularly known as the Cranbrook Report which had just then been issued. This year I propose to comment upon some of its recommendations more fully in so far as they affect domiciliary midwifery in this area. The Committee considered that the

present tripartite structure should be retained although they recommended measures for improving the liaison between the three sections. On the question of the place of confinement they advocated both the expansion of the hospital maternity service to ensure the hospital confinement of 70% of the mothers together with the provision of 20—25% ante-natal beds; 10 days should be the normal length of stay in hospital—at present it is 14 but in practice many mothers are discharged before that period—and they stressed that both the Local Health Authority and the patient's own doctor should be given prior notice of her discharge, a practice not always observed by all hospitals in this area.

On the Maternity Services provided by Local Health Authorities, *i.e.* the domiciliary, the Committee recommended that General Practitioner Obstetricians—General Practitioners with special training and experience in obstetrics—should ultimately replace Assistant Medical Officers in the conduct of Ante-natal Clinics and they should be allowed the use of clinic premises without charge. In Hove and Portslade this service is provided through Dr. Firth, one of the Assistant Medical Officers, who has great experience in this speciality and the system has worked very efficiently. There seems to be therefore, no reason to alter this method of organisation and indeed to do so would require considerable re-organisation of the clinic services. Health education for expectant mothers is stressed and in both Hove and Portslade we provide a weekly session for this purpose. The priority dental service should continue and the Home Help Service expanded. The former continues to increase slowly and in 1959 treatment was given to (12) expectant mothers and dentures provided for (3). So far we have been able to meet the demand for Home Helps in home confinements but frequently at the expense of medical illnesses or elderly patients. The proposal which caused the most controversy amongst general practitioners is that fees for domiciliary confinements should be limited to those doctors on the obstetric list for whom certain criteria of admission and retention would be required—a six months' resident obstetric appointment in hospital and 60 domiciliary confinements attended over the last 3 years. At present a general practitioner not on the obstetric list can be paid, albeit on a lower scale, for attending patients on his own list. I support the view of the Committee on this recommendation, particularly in this area where the number of domiciliary confinements is small in comparison with hospital admissions. "We are entirely of the opinion that the practice of obstetrics requires special skill and experience and that there is not enough domiciliary midwifery work available to enable every general practitioner to obtain and maintain the necessary standard of skill"—says the Committee, a practical expression of opinion which I venture to suggest is approved by all Medical Officers of Health who are responsible for the administration of a domiciliary service and probably by not a few general practitioners who feel the safety and welfare of the mother and child should be the first consideration.

Health Visiting.

Despite the establishment of new clinics the Health Visitor remains the king-pin of the family social service by her ready acceptance as a welcome entrant to the home where she can and does disentangle many problems and relieves many of the anxieties of the housewife and mother. In order to keep up with the changing outlook on family upbringing and management each Health Visitor in turn attends a refresher course and this year for the first time one of them is taking a special course on methods of testing for deafness in very young children for whom the methods applicable to their older brothers and sisters are not suitable. I am also hoping to arrange a series of in-training talks by specialists in their own line who will be able to bring to the Health Visitors' attention modern advances in diagnosis, treatment and particularly outlook on illnesses of all types. The first of these has already been given by Dr. Folkson of the St. Francis Hospital on Mental Health in mothers and children. Moreover through the courtesy of the East Sussex County Nursing Association our staff is allowed to attend their most valuable Post-Graduate Courses held every year at Lewes. In these ways I am endeavouring to help them, particularly those whose initial training was many years ago, to appreciate more fully the new conceptions of their duties and responsibilities and bring about a closer relationship with the District Nurses who in a different capacity and for a different purpose visit many of the homes in the two towns. In 1959 there was a general rise in the visits the Health Visitors paid to households of all types although once again some 12% were wasted owing to the absence from home of the person for whom they were offered. There is an increasing demand for help by mothers and a closer co-operation with doctors, almoners, ward sisters, etc., so that it can be truly said that no person who really requires it need go without advice and assistance if they will take the trouble to ask for it.

In February 1959, the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services—the Younghusband Report for short—was published, a document running to 350 pages which had taken nearly 4 years to compile. It is impossible to summarise briefly this voluminous report, but among the main recommendations was the establishment of three grades of Social Service Workers—Welfare Assistants for the initial and straightforward visiting in the home, Social Workers with 2 years' training for more complex cases and the purely professionally trained and experienced specialists with a Social Service qualification who would be able to deal either by themselves or with the help of other specialists, *i.e.* Health Visitors, National Assistance Visitors, etc., with particularly intricate problems. The report goes on to suggest that officers with general training in social work should undertake the main range of such work in health and welfare departments, *i.e.* welfare officers, visitors to the handicapped, home teachers for the blind, workers with the deaf and mental welfare workers. In so far as this would provide a basic training where none exists to-day for many of these officers such a proposal needs close attention.

In most areas the Health Visitor has for many years been looked upon as "the general purpose family visitor"—a fact that the report admits but suggests that she is unable to deal adequately with problems affecting adolescents, young adults, disturbed marital or family relationships, finance or unemployment. This may well be true but she can always call in to her aid experts in these different specialities, as in fact she does. Whether there is really a pressing need for social workers of the types particularised above or whether Local Health Authorities will feel that such appointments are financially essential has yet to be considered. The increases in establishment nationally envisaged by the Working Party are formidable—Mental Welfare Officers, exclusive of Psychiatric Social Workers, 1,100, Services for the Elderly, 200, for Handicapped Persons, 300. Corresponding increases in annual recruitment to provide for additions to the staff and to replace retirements are equally numerous.

Recent research has demonstrated that in a very small proportion of births—20 to 40 per year in England and Wales—the cause of the development of mental deficiency is due to a condition known as phenylketonuria—an inability to deal with one constituent of the proteins in food. This failure can be detected by a simple urine test which has to be performed during the first few weeks of life and repeated at 8 weeks and in the event of a positive result being recorded the child can be brought up on a diet free from this particular element when its intelligence will remain normal. Otherwise by the end of the first twelve months of its life a state of idiocy usually results which is irreversible. Obviously the likelihood of detecting any cases in this area is very small but even so over the years a few might be discovered and as from 1st January, 1960 every new born baby will be tested by the Health Visitor on her visiting rounds in the home or at the Infant Welfare Clinics.

Care and After Care.

The return of the work done at the Hove Chest Clinic kindly supplied by Dr. Macfarlane, the Chest Physician in Charge, shows once again the changing pattern of Tuberculosis. The number of deaths is on the decline—only 14 in 1959—mostly elderly persons, but the number of cases on the register remains the same—13 early cases and 22 moderately advanced cases only being added. The reservoir remains principally amongst men over the age of 45 years. Along with this has been an alteration in methods of treatment—gone is the long stay in sanatoria accompanied very often by such adjuvants as artificial pneumothorax or surgical removal of the chest wall and in its place has come ambulant treatment by means of antibiotics or chemotherapy after a few weeks in hospital for assessment.

The Mass Radiography Unit paid its accustomed visit to the Hove Town Hall in April when some 4,000 persons presented themselves for review. 4 cases of definite Tuberculosis and 5 cases requiring supervision only were discovered. The part played by the Unit in revealing other diseases is shown by the diagnosis of 5 cases of Cancer of the Lung and 17 cases of Cardio-vascular Disease. As a result of

investigation made by the Medical Research Council on the part played by X-rays in the development of the blood disease Leukaemia, it was recommended that no one under the age of 15 years should be submitted to Mass Radiography. This decision affected the usual routine visits by school-children and the X-raying of those found to be Mantoux positive under the scheme of B.C.G. Vaccination referred to in the next section.

The results of Mantoux Testing amongst school-children carried out in Secondary Modern, Grammar and private schools for children of 13 years is set out below :—

B.C.G. Vaccination 1959.

No. Tested	..	..	..	564
No. Mantoux Positive	..	..	..	41
No. Vaccinated with B.C.G.	..	..	..	494
No. Absent or refused B.C.G.	..	..	..	29

One of the most useful facilities provided under this section of the National Health Act is the granting of recuperative or convalescent holidays to persons recovering from illnesses or in imminent danger of a breakdown as the result of domestic circumstances, frequently the strain of looking after aged relatives—10 such cases were assisted in this way during 1959.

Poliomyelitis Vaccination.

In last year's Annual Report I mentioned that in September 1958 the age limit was raised from 15 to 25 years and a third dose some seven months at least after the second injection added. I also commented on the very poor response from this new age group, so that in January 1959 the evening clinic in Hove was closed down and replaced by one operating in Portslade. This position continued until Easter when the death of a well known professional footballer from poliomyelitis had far more propaganda value than all our publicity efforts for the previous six months. As a result our evening clinic at Portslade was for a time almost overwhelmed with applicants from the teenage group. The effect of this tragic incident was felt for the next three months when again interest diminished. Along with this came the necessity for providing facilities for the third dose mentioned above and this involved re-opening the Hove evening clinic in September 1959. As will be seen from the table on page (32) during the year some 5,000 persons had received two injections and some 7,500 three injections. The total number of individuals of all age groups who between the inception of the scheme in May 1956 and December 1st, 1959, who had received the full course of three injections was 10,400. Recently the Minister of Health announced that persons up to the age of 40 years would in future be eligible, but bearing in mind our previous experience of apathetic response, I did not rush to re-open clinics but awaited the result of registration and in consequence determined that as things stand at the moment, one evening clinic per month is sufficient—bearing in mind also that general practitioners, now that the vaccine is readily available, are more active in immunising their own patients.

Child Welfare Clinics and Day Nursery.

Despite the fact that only one of the Child Welfare Clinics is held in modern premises their popularity amongst mothers of all classes continues undiminished. There was a fall in the number of new babies attending for the first time but this was counter-balanced to some extent by a rise amongst the 2-3 years old and the 3-5 year old groups. The total number on the books is nearly 3,000. Considerable attention is paid to the dental condition of these younger children and 120 of them were made dentally fit. Nevertheless a great deal more propaganda is required among young mothers to make them realise the importance of conserving the temporary teeth—there is still too great a tendency to wait until the child attains school age when he comes under the regular inspection of the School Dental Service.

Early in the year I had been considering the desirability of revising the scale of charges for the Day Nursery since under the existing scheme it appeared that some mothers with relatively high gross income by means of the allowable deductions were escaping with either no, or a very small, daily payment and with the assistance of the County Treasurer a new scale was devised by which there was to be a minimal fee of 1/- per day and thereafter a rising scale until the weekly net income reached £8. 1s. 0d. per week when the full rate would be charged. The new scheme came into force in May and thereafter although the position was carefully watched for any evidence of hardship none was discovered.

Ambulance Service.

In 1959 the demands made upon the Ambulance Service again increased slightly but of these only 16% represented accident or emergency calls. One improvement in the Ambulance Depot was the installation of hot showers—a great boon to the staff who after dealing with some flea-infested old person or other filthy type of case no longer have to remain on duty suffering torments.

As foreshadowed in last year's report, one of the results of the Local Government Act 1958, will be the reversion to the County Council of the Ambulance Service in Hove and Portslade and one of the projects under consideration for the whole of the County is the provision of radio control. Although the benefits in this area will be less than in the widely scattered districts of the County there will be undoubted advantages here in keeping in closer touch with vehicles out on the road and in directing them to new calls without the necessity of returning to the depot. At the present time delays are minimised by each crew reporting to the depot by telephone before leaving any hospital in the group but even then a call may be received after a vehicle has left its reporting point and all contact lost until its return to the depot.

Home Nursing.

The position of the Domiciliary Nursing Service remained the same as in previous years. The total number of patients nursed in their

own homes was slightly reduced for 1959 and the total number of visits paid on the medical side was some 800 less: 1,000 up on the surgical, 300 less on Tuberculosis, and the total some 10,000 less than in the previous year—over two-thirds being to patients of 65 years and over. This was accounted for, the Superintendent informs me, by a reduction in what may be termed care and attention cases as opposed to those requiring skilled nursing. This is all to the good since the only hope of reducing the pressure on hospital beds is by retaining patients at home under the care of the general practitioner.

The policy of substituting cars for motor bicycles or scooters has been continued and probably in a few years not one of the latter will be seen on the road.

The District Nursing Association has been most generous in allocating from their voluntary funds assistance towards temporary residence in Nursing Homes for cases who are unable to be admitted to hospital or in order to give a short respite to relatives who have had the care of them day and night year in and year out and I am most grateful to them for the ready way in which they have come to my assistance in these difficult problems.

Home Help Service.

The total number of Home Helps employed on the 31st December was some 8 less than in the corresponding period last year but the number of cases assisted was slightly increased with, however, a diminution of some 1,800 hours worked. The scope and length of time the service can be supplied depends entirely on the staff available and unfortunately the recruitment of suitable help fluctuates considerably throughout the year. 131 maternity cases were assisted and as these are booked in advance it frequently involves taking the help away temporarily from an old person who has learned to rely on her and finds considerable hardship in her absence. This is understandable but unavoidable when the number of helps available does not nearly correspond to even the priority cases who require them. Nevertheless 57% of the cases helped were old people and 66% of the hours put in were devoted to their care.

One of the problems of this service is the aiding of really filthy cases which require extra attention and even devotion from the Home Help if their condition is to be ameliorated and I was successful in persuading the Health Committee of the County Council to agree to a payment of an additional 1/- per hour to Helps employed on this type of case. No case comes within this category without my sanction and the extra payment is only continued during the cleaning up process although on occasion the services of the Help are required again when there has been a relapse. Up to date this additional payment has been made for 8 cases involving 200 hours work.

Chiropody Service.

In April 1959 the Minister of Health announced that Local Health Authorities would be permitted in future to provide a Chiropody

Service as part of their powers under Section 28 of the National Health Act and in the accompanying Circular the various ways in which this service could be established were set out.

These are :—

- (i) By the employment on a sessional basis of whole or part-time Chiropodists at Clinics owned by Local Health Authorities.
- (ii) By arranging with Chiropodists in private practice for patients to attend for treatment at their private surgeries.
- (iii) By contributing to the funds of voluntary organisations who already provide such a service.

In the case of methods (i) and (ii) the Chiropodists must be on the Register of Qualified Chiropodists but no such requirement is imposed in the case of (iii) although the Medical Officer of Health must be satisfied that a reasonable standard of service will be available.

After due consideration I decided to disregard (i) and (iii) the former because apart from the expense and lack of premises it was most doubtful whether any qualified chiropodists could be found to accept appointments of this kind and the latter because in both Hove and Portslade there is no voluntary organisation at present running such a service. I recommended, therefore, that in this area the facilities should be provided by method (ii) *i.e.* by arranging with private chiropodists for patients to attend at their private surgeries. This recommendation was accepted by the County Health Committee and incorporated in the proposals put before the Minister to which, in January 1960, he gave his consent. The County Health Committee also decided that the facilities should for the present be limited to the elderly, the physically handicapped and expectant mothers and in this area there will obviously be a preponderance of the first class. As this provision comes within the terms of Section 28 of the National Health Act a charge can be made but in order to make the book-keeping and payments simple it was agreed that with the exception of patients in receipt of National Assistance who would be treated free, all the others would be required to pay a fixed fee of 2/6d. per visit. Discussions on these lines have taken place with representatives of the chiropodists and the administrative arrangements substantially agreed upon. Unfortunately at the moment a deadlock has arisen over fees—the staff side of the appropriate Whitley Council offering 6/- per attendance and the chiropodists refusing to accept anything less than 10/- and until this impasse can be resolved it is not possible to make a start.

Mental Treatment Act 1959.

This Act came on the Statute Book in August 1959 and although only one small section, that relating to informal admission of mental patients to hospital, has become operative it will, when fully implemented, revolutionise the outlook upon and the treatment of mental illnesses of all types. The legal distinction between Mental Illness, *i.e.* Insanity and Mental Deficiency is abolished and both will be

admitted to hospital without any of the present formalities. The procedure for compulsory admission to or detention in hospital is completely changed—in future it will be on medico social grounds only. The necessity of applying to a magistrate is abolished—observation in hospital is limited to 28 days on the recommendation of two medical practitioners and compulsory detention restricted to 4 groups—the Mentally Ill, *i.e.* Insane—Severely Sub-normal, *i.e.* the old categories of Idiot or Imbecile, the Sub-normal, *i.e.* feeble-minded and a new group, the Psychopathic: the length of detention is reduced in the first two groups to the age of 25 years and appeals for discharge can be made at intervals to specially constituted Mental Health Review Tribunals.

Great changes will also take place in the Local Health Authority responsibilities. They will have to provide residential accommodation of various types—Joint Training Centres, both day and residential for children under the age of 16 years—Adult Training Centres for those requiring supervision, those who can be trusted to work in Local Authority Workshops and those who can find employment in the world outside.

In addition hostels for young people, educationally sub-normal or mal-adjusted, for discharged mental hospital patients and for elderly mental cases will be required. An extension of the mental welfare advisory and supervisory staff will also be called for. It is obvious that a very large responsibility and financial burden will be laid on the Local Health Authority in the years to come and although most of this will be undertaken by the County Council itself there will be much opportunity for field work by the Health Visitors and the like in this area. At this juncture it is not clear exactly how or to what extent the new Act will be delegated to Hove when the scheme for delegation under the Local Government Act 1958 comes into operation next year.

General Observations.

Under the Local Government Act 1958, the following services will be delegated to Hove alone :—

Health Centres.

Care of Mothers and Young Children.

Midwifery.

Health Visiting.

Home Nursing.

Vaccination and Immunisation.

Prevention of illness, care and after care (except the care or after care in residential accommodation of persons suffering from mental illness).

Domestic Help.

Certain services to be provided under the Mental Health Act 1959.

Welfare arrangements for blind, deaf, dumb and crippled persons.

Provision for registered persons who are seriously disabled, or employment, or work on their own account, under special conditions and of training for such employment or work.

The registration of nurseries and child-minders.

The Ambulance Service will be returned to the control of the County and the Minister of Health rejected Hove's application for the control of provision and maintenance of residential accommodation for old people and for the mentally ill. Discussions have taken place during the year on the actual scheme of delegation based largely on the Ministry's model form which in the main it follows. It is anticipated that it will come into effect on 1st April, 1961. Whilst many, particularly myself, will regret the disappearance of the Hove and Portslade Health Sub-Committee the experience gained during its existence since 1948 will be invaluable in setting the pattern for the new scheme of organisation and administration and those members of the Hove Council who have been members of it will doubtless find opportunities of utilising that experience under the new regime.

Domiciliary Care of the Aged.

In July following a reference in my Annual Report for the previous year to the necessity of appointing a second Geriatric Health Visitor I put forward a comprehensive review of the position and the increase was finally sanctioned but not in time to be of any benefit during the first half of the winter when the demands on the service usually rise appreciably. Despite this 422 new cases were added to the register which at the end of the year stood at 950 regularly visited and a further 600 admitted temporarily to Welfare Homes, Hospitals, etc., or whose whereabouts for the time being are unknown. During the latter part of the year the accommodation situation in both Welfare and Hospital accommodation deteriorated appreciably and the number of urgent cases, particularly on the welfare side rose considerably without any hope of admission and some cases originally recommended for a home proved to be only fit for hospital when a vacancy occurred. The reasons for this include the postponement of the County Council extension scheme owing to the restraint on capital expenditure so that at the present time and for some years to come so far as this area is concerned no large expansion of beds can be looked for and fact that old people admitted to welfare homes provided with warmth, good food and in the absence of material worries survive for much longer periods than seemed likely at an earlier date so that vacancies caused by death or transfer have been less than had been anticipated.

To me it seems unfortunate that this Geriatric Service is divided between three different responsibilities—the District Council for the provision of flats or flatlets for the able-bodied, the County Council for the ambulant and the Hospital for the bedridden. I am certain that there are cases in welfare homes who after a period of rehabilitation could once more run their own lives in their own accommodation and there are certainly patients on the hospital side who could be and on occasion are transferred to welfare beds but if the scheme were

worked as a whole the turn over could be faster. Perhaps the best way to achieve this would be to attach to every housing estate where provision is made for ambulant old people a welfare home to and from which exchanges could be made.

In the meantime there seems to be little hope of any alteration of the present position except for a small addition to the number of beds at one of the Hove homes until the new home of 60 beds at Court Farm Road, is built and opened. A search has been made for a suitable house in this neighbourhood for conversion but the supply is diminishing and in many cases it is more profitable to demolish and erect a new block of flats on the site.

Another possibility is a change in the law whereby the County Council could contribute towards the cost of old people placed in private homes—at present this is not possible except through payments from the National Assistance Board. From the many discussions which I have had with the County officers I know they are keenly aware of the situation and anxious to improve the position but until the new building plan is completed there seems little that can be done. On the hospital side accommodation has been nearly as difficult particularly for the chronic sick although once again the Geriatric Consultant has done his utmost to accommodate the really urgent cases with as little delay as possible.

The Home Help Service has proved invaluable in giving at any rate a minimum of help to these old people but frequently the demands of a new case can only be met by the removal of the help from an old one who perhaps has come to rely on this form of assistance to provide the necessities of life. Likewise the District Nursing Association have done their best to secure a weekly bath or other simple nursing for many of these old folk but only too frequently all one can say is that their name will be put on the waiting list for admission when a vacancy occurs knowing that that vacancy will probably be at the best in the distant future. I am glad, however, to report that during the last few months through a concerted effort by both the County Welfare Officers and the Geriatric Consultant the position so far as the really urgent cases are concerned has been ameliorated somewhat.

General Observations.

I cannot conclude this Annual Report without referring with gratitude to the whole hearted enthusiasm and co-operation of all members of my staff who in their different capacities contribute so much to the smooth running of the services and by their mutual aid to one another iron out many of the minor difficulties inherent in an organisation with so many specialities. To the County Medical Officer of Health, Dr. F. Langford and the County Council Staff in general I am indebted for readily available assistance and advice at all times and to the Chairman and Members of the Hove and Portslade Health Sub-Committee I can only record my thanks over the last ten years for their whole-hearted support and understanding.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

N. E. CHADWICK, *Divisional Medical Officer.*

MIDWIVES.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.			
	Domiciliary Midwives	Midwives in Institutions	Total	
(a) Midwives employed by the Authority	—	—	—	
(b) Midwives employed by Voluntary Organisations :				
(i) Under arrangement with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	4	—	4	
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :				
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	
(ii) Otherwise	—	—	—	
(d) Midwives employed in Private Practice (including Midwives employed in Nursing Homes)	2	2	4	
Totals	6	2	8	

DELIVERIES ATTENDED BY MIDWIVES.

	Number of Deliveries attended by Midwives in the Area during the year.						Cases in Institutions
	Domiciliary Cases.						
	Doctor not booked.		Doctor booked.		Totals		
Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Dr. or another) (4)	Doctor not present at time of delivery of child (5)				
(1)		(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority ..	—	—	—	—	—	—	—
(b) Midwives employed by Voluntary Organisations :							
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	2	63	71	57	193	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	—	5
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	4	—	—	4	102
Totals ..	2	63	75	57	197	—	107

Deliveries Attended by Midwives—*continued*.

(e) Number of cases delivered in Institutions but attended by domiciliary midwives on discharge from Institutions and before the fourteenth day	..	..	..	..	53
(f) Breast Feeding.					
Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day	..	..	..	..	125
Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife whether a fee was payable by the Local Health Authority or not :					
(2) Domiciliary Cases :					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	..	..	..	..	—
(ii) Others	..	..	..	..	32
(b) Cases in Institutions	..	..	..	Total	32
				..	—

ANTE-NATAL AND POST-NATAL CLINICS.

	Number of premises in use at end of year (whether held at Child Welfare Centres or other premises) (2)	Average number of sessions held per month		Number of women in attendance		Total number of attendances during the year	
		Medical Officers Sessions	Midwives Sessions	Number of women who attended during the year	Number of new cases included in col. (4)	Medical Officers Sessions	Midwives Sessions
		(3)		(4)	(5)	(6)	
(1)							
Local Health Authority Clinics :							
(a) For Ante-Natal examination	—	—	—	—	—	—	—
(b) For Post-Natal examination	—	—	—	—	—	—	—
Clinics provided by Vol. Organisations :							
(c) For Ante-Natal examination	3	6	6	191	176	470	217
(d) For Post-Natal examination	—	—	—	36	35	74	—

BIRTHS.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary	193	192	4	4	197	196
(b) Institutional	107	750	—	11	107	761

PREMATURE BIRTHS.

Number of Premature Live Births notified (as adjusted by any notifications transferred in or out of the area) :

(a) In Hospital	..	..	41	
(b) At Home	..	..	8	
(c) In Private Nursing Homes	..		—	Total 49

Number of Premature Stillbirths notified (as adjusted by any notifications transferred in or out of the area) :

(a) In Hospital	..	..	8	
(b) At Home	..	..	1	
(c) In Private Nursing Homes	..		—	Total 9

Weight at Birth	Premature Live Births															Premature Still-births			
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to hospital on or before 28th day			Born in Hospital (17)	Born at Home (18)	Born in Nursing Home (19)	
	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)				
(1)																			
(a) 3lb. 4oz. or less (1,500 gms. or less)	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—
(b) Over 3lb. 4oz. up to and including 4lb. 6oz. .. (1,500—2,000 gms.)	6	—	6	3	—	3	—	—	—	—	—	—	—	—	—	—	2	—	—
(c) Over 4lb. 6oz. up to and including 4lb. 15oz. .. (2,000—2,250 gms.)	11	1	10	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
(d) Over 4lb. 15oz. up to and including 5lb. 8oz. .. (2,250—2,500 gms.)	19	—	19	5	—	5	—	—	—	—	—	—	—	—	—	—	1	—	—
Totals ..	41	1	40	8	—	8	—	—	—	—	—	—	—	—	—	—	8	1	—

ADMINISTRATION OF INHALATIONAL ANALGESICS.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board:

(a) Employed in homes and hospitals in the National Health Service	..	..	..	—
(b) Employed in nursing homes and maternity homes and hospitals not in the National Health Service	..	..	..	2
Total	..	..	..	2

(2) Domiciliary Midwives.

	Number of domiciliary Midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of Sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by Midwives in domiciliary practice during the year			Number of cases in which pethidine was administered by Midwives in domiciliary practice during the year	
		Gas and Air (3)	"Tri-lene" (4)	Gas and Air (5)	"Tri-lene" (6)	When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child	When doctor was present at time of delivery of child
(1)								
(a) Domiciliary Midwives employed directly by Local Health Authority ..	—	—	—	—	—	—	—	—
(b) Domiciliary Midwives employed under Section 23 by Voluntary organisations as agents of Local Health Authority ..	4	4	3	10	69	18	91	50
(c) Domiciliary Midwives employed under Section 23 by Hospital Authorities as agents of Local Health Authority ..	—	—	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of the Local Health Authority	1	—	—	—	—	—	—	—
Totals ..	5	4	3	10	69	18	91	77

CHILD WELFARE CENTRES.

Centres provided by :	Number of centres provided at end of year	Number of Child Welfare sessions now held per month at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in :			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendances during the year
				1959	1958	1957-54		Under 1 yr.	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	5	43	623	609	1051	1109	2800	14232	3531	3143	20906
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

- (a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service : (i) Senior Dental Officer *Nil.*
(ii) Dental Officers *Nil.*
- (b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service : 3
- (c) Number of dental clinics in operation at end of year 3
- (d) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year 83
- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year —

DENTAL TREATMENT RETURN.

Number provided with Dental Care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	18	13	12	12
Children under Five ..	169	131	127	123

FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ..	2	5	—	—	17	2	—	3	3
Children under 5 ..	—	246	3	—	108	58	—	—	3

1959 DENTAL. INFANT WELFARE CHILDREN.

	<i>Hangleton</i>	<i>Hove</i>	<i>Portslade</i>	<i>Total</i>
No. Inspected ..	78	71	20	169
No. Referred ..	67	53	11	131
No. treated for first time	66	51	10	127
No. Attended ..	127	220	29	376
No. Absent ..	11	2	—	13
No. Completed ..	61	51	11	123
Extractions ..	49	36	23	108
Fillings	92	154	—	246
General Anaesthetics	21	25	12	58
Local Anaesthetics ..	—	—	—	—
No. of Dressings ..	23	25	—	48
Other Operations ..	4	—	—	4
Scalings	—	—	—	—
No. of Gum Treatments	—	—	—	—
No. of Silver Nitrate Treatments ..	—	2	1	3
X-Rays	3	—	—	3

NURSING AND EXPECTANT MOTHERS.

	<i>Hangleton</i>	<i>Hove</i>	<i>Portslade</i>	<i>Total</i>
Inspected ..	4	—	14	18
Referred	4	—	9	13
Treated 1st Time ..	4	—	8	12
Attendances ..	14	—	17	31
Absent	—	—	1	1
Completed ..	4	—	8	12
Extractions ..	9	—	8	17
Fillings	—	—	5	5
General Anaesthetics ..	2	—	—	2
Local Anaesthetics ..	—	—	7	7
Dressings ..	—	—	—	—
Other Operations ..	3	—	—	3
Scalings ..	—	—	2	2
Impressions ..	5	—	—	5
Dentures, Partial ..	3	—	—	3
Dentures Repaired ..	2	—	—	2
Mothers supplied with Dentures	2	—	—	2
X-Rays	3	—	—	3

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

A.	No. employed whole-time in this work	..	<i>None</i>
B.	No. employed part-time in this work	..	3
C.	No. of total sessions worked during year :		
	Hangleton ..	..	38
	Hove ..	..	36
	Portslade ..	..	9
			—
	Total ..		83
			—
D.	No. of Dental Clinics	..	3

HEALTH VISITING AND TUBERCULOSIS VISITING.

A. VISITING.

HEALTH VISITORS.

TUBER-
CULOSIS
VISITORS

	Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2	Children age 2 but under 5	Tuber- culous House- holds	Other cases	Total number of families or house- holds visited by Health Visitors (11)	Total visits paid to tuber- culous house- holds (12)
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	3341	471	571	954	6401	2393	4159	3	2895	3461	1467
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

B. CLINICS.

- (a) Total number of attendances made by health visitors at Local Health Authority Clinic Sessions during the year .. 1046
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year .. 108

1959 AMBULANCE SERVICE.

(1)		Number of Vehicles 31st Dec., 1959	Number of Calls Received during 1959	Number of Journeys during 1959	Total No. of Patients carried during 1959	Number of Accident and Emergency Journeys included in Col. (4) during 1959	Total Mileage 1959	Number of Paid Whole-time Staff at 31st Dec., 1959
Directly Provided Service	Ambulances	8	16227	7513	17280	1142	83218	16
	Cars	—	—	—	—	—	—	—

DIPHTHERIA IMMUNISATION.

HOVE AND PORTSLADE.

Number of children in the Local Health Authority area on 31st December, 1959, who have completed a course of diphtheria immunisation at any time between 1st January, 1945 and 31st December, 1959.

Age on 31-12-59 <i>i.e.</i> , Born in Year	Under 1 1959	1—4 1955-1958	5—9 1950-1954	10—14 1945-1949	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1955-1959	169	2318	2778	1923	7188
B. 1954 or earlier	—	—	1084	3772	4856

Number of Children who completed a full course of primary immunisation during 1959.

	Aged Under 5 yrs.	Aged 5—14 yrs.	Total
Hove	524	78	602
Portslade	173	67	240
	697	145	842

COMBINED DIPHTHERIA AND WHOOPING COUGH IMMUNISATION, YEAR 1959

Age at date of immunisation		0—4 yrs.	5—14 yrs.	Total
Hove .. .. .	.. .. .	519	14	533
Portslade .. .. .	.. .. .	167	32	199
Totals		686	46	732

VACCINATION.

HOVE AND PORTSLADE.

NUMBER OF PERSONS VACCINATED OR RE-VACCINATED DURING 1959

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated	676	32	12	46	74	840
Number Re-Vaccinated	1	10	10	68	394	483

As at 31st December, 1959.

HOME HELP SERVICE.

Number of cases where domestic help was provided during the year :

Number of Home Helps employed at 31st December, 1959 :

29

TUBERCULOSIS—RETURN FOR YEAR ENDING 31st DECEMBER, 1959.

PART II—CLINIC WORK.

		RESPIRATORY				NON-RESPIRATORY			
		Men	Women	Children	Total	Men	Women	Children	Total
A. Notified cases on Clinic Register at 1st January, 1953		372	219	21	612	5	14	1	20
B. Children transferred to adults during the year		1	1	—	2	—	—	—	—
C.	Not bacteriologically confirmed	4	5	1	10	1	3	—	4
		2	1	—	3				
		—	—	—	—				
	Group I	8	3	—	11				
	„	5	3	—	8				
	„	2	1	—	3				
D. Transfers in during the year		23	15	2	40	2	—	—	2
TOTALS OF A, B, C AND D		417	248	24	689	8	17	1	26
E.	(a) Recovered	6	9	4	19	—	—	—	—
	(b) Died (all causes)	10	4	—	14	—	2	—	2
	(c) Transfers out	19	14	3	36	—	—	—	—
	(d) Others	4	6	1	11	—	—	—	—
F. Children transferred to adults during year		—	—	2	2	—	—	—	—
TOTAL OF E AND F		39	33	10	82	—	2	—	2
G. Total remaining on Clinic Register at 31st December, 1959		378	215	14	607	8	15	1	24

MASS RADIOGRAPHY UNIT.

ANALYSIS OF RESULTS OF A SURVEY CARRIED OUT AT HOVE

from 7-4-59 to 17-4-59.

		Male	Female	Total
Number of Persons X-Rayed	..	1869	2340	4209
ABNORMAL FILMS :				
Tuberculosis requiring close clinical supervision or hospital treatment		2	2	4
Tuberculosis requiring occasional clinical supervision	..	2	3	5
Malignant Disease	.. ..	5	—	5
Sarcoidosis	.. ..	2	1	3
Cardio-Vascular Diseases	..	11	6	17

POLIOMYELITIS VACCINATION HOVE AND PORTSLADE

1959

Class	Number vaccinated with two injections	Number of applicants awaiting vaccination at 31st Dec., 1959
Children born in the years 1943 to 1959	2264	14
Young Persons born in the years 1933 to 1942	2612	5
Expectant Mothers	292	3
Others —	74	—
	5242	22

Number of persons who had received one injection only at 31st December, 1959 :

(i) Children	..	..	66
(ii) Young Persons	..	..	24
(iii) Expectant Mothers	..	..	9
(iv) Others	..	—	—
			—

Total number of persons who, since the inception of the scheme, had three injections at 31st December, 1959: .. 10,401

HOME NURSING.

(1)	Medical (2)	Surgical (3)	Infec- tious Diseases (4)	Tuber- culosis (5)	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of Cases attended by Home Nurses during the year : (a) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(b) Vol. Org. under arrangements with the Authority ..	2332	240	—	33	14	15	2634	1623	20	625
Number of Visits paid by Home Nurses during the year : (c) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(d) Vol. Org. under arrangements with the Authority ..	53252	8273	—	982	97	124	62728	46769	148	34769

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of Beds provided for :		
		Maternity	Others	Totals
Homes first registered during year	1	—	9	9
Homes whose registrations were withdrawn during the year	2	—	20	20
Homes on the Registered List at end of year	27	12	324	336

OLD PEOPLE, 1959.

Total number of new patients visited during the year	..	422
Total number of revisits	.. ..	1621
Transferred to :		
Brighton General Hospital and related Hospitals	..	38
Brighton General Hospital Mental Observation beds	..	9
Other Hospitals	.. ..	9
Nursing Homes	.. ..	17
St. Francis Hospital	..	7
County Welfare Homes	..	39
Private Old People's Homes	..	8
Observation at home or pending admission to County Welfare or other homes	.. ..	295
		422

Deaths of Old People on Register during year :

72 died at home.
 38 died in hospital.
 13 died in nursing homes.
 1 left District.
 57 died in County Welfare Home.
 4 died in St. Francis Hospital.
 3 died in Private Old People's Homes

Compulsory Removals (Sec. 47 Nat. Asst. Act) : 4.

WELFARE FOODS SERVICE.

The distribution of these foods was transferred from the Ministry of Food on 28th June, 1954.

The following quantities were issued in this area during 1959.

National Dried Milk Powder			
(Full Cream and Half Cream)	..		11,192 tins
Cod Liver Oil	..	..	3,394 bottles
A. and D. Tablets	..	..	3,380 packets
Orange Juice	..	..	32,135 bottles

The foods are available upon application to all Infant Welfare Centres and at the Mothercraft Training Society. In addition the premises formerly used by the Ministry of Food in Portslade were taken over and are open on five half-days each week. The Clarendon Villas Infant Welfare Centre in Hove is open on seven half days during the week for the sale of Welfare foods, and is the main distribution point in the area.



